Name in Full Miss Archibald

Certificate of Death

Died at Town Rockville County Montgomery MARYLAND

Date 189 8 Month 11 Day 5 Age Y. M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 161

Cause of Death Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Brunswick Herald

Address 11-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Dear W. R. Pumphrey, Rockville Undertaker

Name in Full

Mrs. Buxton

Certificate of Death

Died at Town near Clarksburg County Montgomery MARYLAND

Date 189 8 Month 11 Day 18 | Age Y. 82 M. D. | Native of | Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Wife of John S. Buxton

Father's Name

Mother's Name

Cause of Death — Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Democrat 11-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full Willie Bell

Certificate of Death

Died at Town near Goshen County Montgomery MARYLAND

Date 189 8 Month 11 Day 30 | Age Y. 4 M. 3 D. | Native of | Occupation

Male ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Diptheria 89 — How long sick 12 days

Immediate Asthenia — Accident, Suicide, Homicide

Reported by Dr J. H. Dyson

Address Laytonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

Hinson Clark

Town

County

Died at near Burnt Mills Montgomery MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 5 11 — | Age

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Brunswick Herald 11-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full

Certificate of Death

Flora Higgins

Died at Town: Oakdale County: Montgom MARYLAND

Date 189 8 Month: 11 Day: 9 | Age Y. 44 M. 2 D. 10 | Native of Maryland | Occupation Housekeeper

~~Male~~ | White | ~~Married~~ | ~~Widow~~ | Divorced

Female | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

~~Husband~~ Wife ~~—~~ of

Father's Name Hilary D. Higgins | Mother's Name Margaret S. Higgins

Cause of Death: Primary Pulmonary Phthisis | How long sick 1½ years

Immediate Exhaustion 2201 | Accident, Suicide, Homicide

Reported by Roger Brooke

Address Sandy Spring

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65A88

Name in Full: Sarah Matthews

Certificate of Death

Died at Bethesda (Town) Montgomery (County) MARYLAND

Date 1898 Month 11 Day 7 | Age Y. 81 M. D. | Native of Bethesda Md | Occupation Farming

~~White~~ ~~Female~~ | White | ~~Colored~~ | Married | ~~Single~~ | Widow | ~~Widower~~ | ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife — James Matthews Deceased

Father's Name | Mother's Name

Cause of Death — Primary: old age — Immediate: old age | How long sick 1 day | Accident, Suicide, Homicide—

Reported by J. C. Simmons

Address Rockville Montg. Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Undertaken

Name in Full

Certificate of Death

Thomas Renshaw

Died at Town: Montrose County: Montgomery MARYLAND

Date 189x, Month: Nov. Day: 18th Age Y. 5 M. 4 D. Native of: Maryland Occupation:

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Wid[illegible] ~~Divorced~~

~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: Samuel Renshaw Mother's Name: Alice Huddleson

Cause of Death: Primary: Membranous Croup — How long sick: 3 days

Immediate: 86 — ~~Accident, Suicide, Homicide~~

Reported by: E E Stoneshill M.D.

Address: Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs William H. Wade — Certificate of Death

Died at Town Colesville County Montgomery MARYLAND

Date 1898 Month Nov. Day 3 | Age Y 37 M. D. | Native of Maryland | Occupation Wife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 7

Husband of Wife William H. Wade 5-7

Father's Name Douglass Dorsey | Mother's Name Mary Colyer

Cause of Death: Primary Heart Disease | How long sick 2 or 3 years

Immediate Blood Poison | ~~Accident, Suicide, Homicide~~

Reported by E. C. Chaires Montgomery County

Address Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU